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Certified Copies	_ Certificates o	f Status
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SECRETARY OF STATE
TALL AHAS STOPE FOR THE

HARRIS

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Dove Ex	ors LLC.	
SUBJECT;	Name of Limi	led Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Te	Rame of Person	<u>.</u>
		Firm/Company	
	650 S	Dickey Road	>
	Avon Pa	City/State and Zin Code	15
	E-mail address: (1	City/state and Zip Code City/state and Zip Code City/state and Zip Code City/state and Zip Code	ication)
For further information	concerning this matter, please ca	all:	
Terry E	JACKSON of Person	at (<u>561</u>) <u>398-</u> Area Code Daytime	5634 e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Dove Express	LLC.
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) 1y)
The Articles of Organization for this Limited Liability Company were filed on	March 21, 2016 and assigned
Plorida document number <u>L1600055881</u> .	
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the limited liability company	y here:
he new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BEA STREET ADDRESS)	ASE TA
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	
3. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	
Enter i	Florida stræt address
City	, Florida Zip Code
	/in Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Name Type of Action Address Selvin Bushay 650 S Dickey Road 11 Add Avon Park Fl 33825 Remove ☐ Change Selvin Bushay 650 S Dickey Road - Add Avon Park, F1 33825 Remove □ Change ☐ Add ☐ Remove Albert L Berry 650 S Dickey Rood WAdd Avon Park, F1 33825 Remove ☐ Change 650 S Dickey Road - Add TERRY E. JACKSON Awn Park, fl 33825 Remove Change

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Filing Fee: \$25.00